

California
99/00 AmeriCorps*State
AfterSchool Programs Only
Progress To Date Report
"Condensed Version"

Reporting Period
Program Start through May 31, 2000

Due Date
June 16, 2000

Note: Please submit 1 original & 2 copies

Program name:

Submitted by:

Contact Phone number:

99/00 California AmeriCorps*States Program Year

**PROGRESS REPORT
for
AmeriCorps*State Program Operating Site**

1. Program Name:
 - A. Telephone Number:
 - B. Fax:
 - C. E-mail address:
2. Operating Site ID #:
3. State Commission/Parent Organization Name: **California Commission on Improving Life Through Service**
4. Name of person completing this report:
5. Title of person completing this report:
- 6a. Program Start Date (month/day/year):
- 6b. Last date to enroll full-time members:
- 6c. Last date to enroll part-time members:
- 6d. Last date to enroll reduced part-time mebers:
Number of reduced part-time hours:
7. Program End Date (month/day/year):
8. Reporting period to which this form applies: **Program Start through May 31, 2000**

9. A. Which critical issue area(s) does your program address? Check all that may apply

- ☐ Education
- ☐ Public Safety
- ☐ Health and Human Services
- ☐ Environment

B. Please list all current CLASP Members and their organization type (see CLASP form key):

<u>Name</u>	<u>Type of Organization</u>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

(Add additional numbers as necessary)

C. Please list organizations that are no longer members of your original CLASP:

<u>Name</u>	<u>Type of Organization</u>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

(Add additional numbers as necessary)

**PART I - PROGRAMMATIC INFORMATION FROM YOUR
PROGRAM or OPERATING SITE**

10. Numbers of members.

Are any part-time members' terms of service two years in length?:

(Circle one): Yes No

If so, how many? ____

A. Number of members granted to your program for the 99/00 program year:

Regular Members -	Full-Time:	Part-Time:	Reduced-Part -Time:
-------------------	------------	------------	---------------------

Ed Award Only -	Full-Time:	Part-Time	Reduced-Part -Time:
-----------------	------------	-----------	---------------------

B. Total number of members enrolled through May 31, 2000:

Regular Members -	Full-Time:	Part-Time:	Reduced-Part -Time:
-------------------	------------	------------	---------------------

Ed Award Only -	Full-Time:	Part-Time	Reduced-Part -Time:
-----------------	------------	-----------	---------------------

C. Number of members who left the program for compelling personal circumstances and earned a pro-rated ed. award through May 31, 2000:

Regular Members -	Full-Time:	Part-Time:	Reduced-Part -Time:
-------------------	------------	------------	---------------------

Ed Award Only -	Full-Time:	Part-Time	Reduced-Part -Time:
-----------------	------------	-----------	---------------------

D. Number of members who left the program for other than compelling personal circumstances (no educational award) through May 31, 2000:

Regular Members -	Full-Time:	Part-Time:	Reduced-Part -Time:
-------------------	------------	------------	---------------------

Ed Award Only -	Full-Time:	Part-Time	Reduced-Part -Time:
-----------------	------------	-----------	---------------------

E. Total Number of current members enrolled (number of members enrolled minus all who have left) If this total does not equal section A please explain below:

Total Number:

Comments/Explanatory notes:

F. Number of members who you expect will serve beyond the program End Date noted above. Please explain below.

Regular Members -	Full-Time:	Part-Time:	Reduced-Part -Time:
-------------------	------------	------------	---------------------

Ed Award Only -	Full-Time:	Part-Time	Reduced-Part -Time:
-----------------	------------	-----------	---------------------

Comments/Explanatory notes:

G. Number of members who completed their term of service through May 31, 2000:

Regular Members - Full-Time: Part-Time: Reduced-Part -Time:

Ed Award Only - Full-Time: Part-Time Reduced-Part -Time:

11. Member Service Hours

Total number of AmeriCorps Members' Hours of Service through May 31, 2000:

Full-Time:

Part-Time:

Reduced-Part -Time:

12 . Please provide aggregate estimates of the following information:

Volunteer Generation

Volunteers are individuals recruited or directly supervised by AmeriCorps members who participate in direct service projects that help the program achieve its community service objectives. They are additional volunteers, new to the program or activity, whose presence is made possible by the AmeriCorps members. They are not program partners, advisory board members, or volunteers supporting the program or member trainings, or staff.

1. How many non-AmeriCorps member volunteers were involved in AmeriCorps service activities Through May 31, 2000?

Number of non-AmeriCorps volunteers:

2. How many hours did non-AmeriCorps member volunteers contribute to AmeriCorps service activities through May 31, 2000?

Number of non-AmeriCorps volunteer hours:

3. Share with us some examples of the service activities that your non-AmeriCorps member volunteers participated in during this reporting period.

Comments:

Summary of Progress Toward Accomplishing Annual Objectives:

(Please report on each objective separately, DO NOT COMBINE)

13 (A). Getting Things Done Objectives/Community Service:

1. Restate your Objective (Re-write your complete objective statement):

2. Restate your Desired Result (See # 3 of the evaluation plan form):

3. Restate the level of success for this objective. (See # 5 of the evaluation plan form):

4. Restate the method of measure for this objective. (See #6 of the evaluation plan form):

5. Results Statement

State the results of the analysis of your evaluation data in a *results statement* (please limit to one or two paragraphs) that is reflective of your desired result, level of success, and the method of measurement.

6. Qualitative/Quantitative Data

What quantitative statistics did you find? What qualitative information did you find? What is the importance of this statistical or qualitative information? What does this imply about your success?

Did you meet the level(s) of success stated in your objective? _____ Yes _____ No

Was Baseline Data collected and/or utilized? _____ Yes _____ No

7. Note Evaluation Activities in Which You Have Engaged.

Describe the type of instruments you used (e.g. survey, test, observation, etc.). Describe the information from every instrument that you used. Describe who administered and completed each instrument. Describe to whom, as well as how, each instrument was administered. Describe which, and how many individuals, completed each instrument:

8. State Ideas For Improvement In Your Program, or Any Next Steps

What do your results mean in terms of what you will do next? What improvements do you plan? Will you expand this service?

13 (B). Community Strengthening/Building Objectives:

1. Restate your Objective (Re-write your complete objective statement):

2. Restate your Desired Result (See # 3 of the evaluation plan form):

3. Restate the level of success for this objective. (See # 5 of the evaluation plan form):

4. Restate the method of measure for this objective. (See #6 of the evaluation plan form):

5. Results Statement

State the results of the analysis of your evaluation data in a *results statement* (please limit to one or two paragraphs) that is reflective of your desired result, level of success, and the method of measurement.

6. Qualitative/Quantitative Data

What quantitative statistics did you find? What qualitative information did you find? What is the importance of this statistical or qualitative information? What does this imply about your success?

Did you meet the level(s) of success stated in your objective? _____ Yes _____ No

Was Baseline Data collected and/or utilized? _____ Yes _____ No

7. Note Evaluation Activities in Which You Have Engaged.

Describe the type of instruments you used (e.g. survey, test, observation, etc.). Describe the information from every instrument that you used. Describe who administered and completed each instrument. Describe to whom, as well as how, each instrument was administered. Describe which, and how many individuals, completed each instrument:

8. State Ideas For Improvement In Your Program, or Any Next Steps

What do your results mean in terms of what you will do next? What improvements do you plan? Will you expand this service?

13 (C). AmeriCorps Member Development Objectives:

1. Restate your Objective (Re-write your complete objective statement):

2. Restate your Desired Result (See # 3 of the evaluation plan form):

3. Restate the level of success for this objective. (See # 5 of the evaluation plan form):

4. Restate the method of measure for this objective. (See #6 of the evaluation plan form):

5. Results Statement

State the results of the analysis of your evaluation data in a *results statement* (please limit to one or two paragraphs) that is reflective of your desired result, level of success, and the method of measurement.

6. Qualitative/Quantitative Data

What quantitative statistics did you find? What qualitative information did you find? What is the importance of this statistical or qualitative information? What does this imply about your success?

Did you meet the level(s) of success stated in your objective? _____ Yes _____ No

Was Baseline Data collected and/or utilized? _____ Yes _____ No

7. Note Evaluation Activities in Which You Have Engaged.

Describe the type of instruments you used (e.g. survey, test, observation, etc.). Describe the information from every instrument that you used. Describe who administered and completed each instrument. Describe to whom, as well as how, each instrument was administered. Describe which, and how many individuals, completed each instrument:

8. State Ideas For Improvement In Your Program, or Any Next Steps

What do your results mean in terms of what you will do next? What improvements do you plan? Will you expand this service?

- 14. Challenges Encountered this Reporting Period and Actions Taken to resolve them:** (Report on problems resolved and unresolved, obstacles to achieving program objectives, significant sources of delay, program elements not meeting expectations, challenges associated with local collaborations, events or incidents that caused concern. Note steps being taken to address identified issues or note how issues have been resolved. Please include progress on any issues identified during grant negotiations, site visits, or from previous progress reports.)

Challenges:

Obstacles:

Solutions/Potential:

- 15. Significant Program Changes this Reporting Period:** (Report staff turnover in management or supervisory positions, changes in partner/sponsor relationships, changes in board membership, AmeriCorps member attrition, service sites and other significant changes).

Staff/Position Change:

Organizational Change:

Impact/Comments:

- 16. List the State Senate District(s) your program serves:**

State Senate District(s) served:

- 17. List the State Assembly District(s) your program serves:**

State Assembly District(s) served:

- 18. List the State Congressional District(s) your program serves:**

State Congressional District(s) served: